

# Health—Where Can It Be Taught?\*

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THE writer's chief qualification for preparing this paper, dealing with a subject involving such diversity of opinion and practice as health teaching in the senior high school, is perhaps that he has no ideal course or perfect program to suggest. For more than 10 years we have been experimenting in the development of health education methods in the City of Malden, but we began with the lower grades completing a program for each successive grade upon the basis of the pupil's previous training. The result is, that we have only within the last year begun the study of the senior high school.

Certainly it is a sound principle for the public school to begin its health training in the lowest grade and develop health behavior as rapidly as possible, gradually increasing individual responsibility as the child becomes older and supplying him from grade to grade with the supporting facts which make health behavior reasonable and which will enable him as an adult to determine sound health procedures when confronted with new situations.

It is unscientific, even if not uncommon, to consider the high school program without reference to what has been done in the lower grades. Communities which have not established a good health education program in the lower grades may need a temporary high school program based upon the need of the present generation of high school pupils. Such a program should be regarded as temporary, however, and should be changed with the changing needs of the pupils. It would be absurd to build a health education program by deciding first what instruction would be interesting to present in the senior high school and pass out those things which are left to the lower grades.

It is easier to form right habits in the first place than to replace bad habits with good ones. Moreover, only a small percentage of children reach senior high school. Both of these facts point to the obvious desirability of carrying each child as far as possible in health training in each grade. We must build the high school program as

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a protecting roof of knowledge and further individual adjustment upon the best structure we have been able to develop up to that time.

We will do well to consider some of the other principles of health instruction which apply both to high school and lower levels.

1. We must recognize the importance of a fresh approach in succeeding years of instruction. In health education we are training children—not merely presenting information. The fact that a habit is once established does not warrant the assumption that no further attention needs to be given to that item of behavior for the remainder of the school life of the child. It may be more difficult to maintain health practices at a higher grade level than it was to establish them at an earlier age. In any training program an appreciable amount of repetition is necessary. This makes obvious the necessity for some new material and a fresh approach in each succeeding year.

The program which we have developed experimentally in Malden may be used to illustrate what we mean by keeping a fresh approach. In the first 2 grades the program is one of informal health habit training without the attempt to present information as such. In the third grade a health reader is used as a guide to the health training program and the pupil is held responsible for a small amount of health knowledge. In the fourth grade the pupil has his first textbook which emphasizes the “how” of health training, with an appreciable increase in the number of health habits or details of behavior considered. In the fifth grade the pupil continues health training with the study of the “why” of health practices considered in terms of illustration and analogy from his own field of experience. In the sixth grade the new approach to health is through the consideration of the biological approach to cleanliness as it concerns the individual and the home.

Definite health instruction is maintained throughout the junior high school with its departmentalized program. This is practical and logical. The child demands further information to support the continued program of health training and a large number of these children will have no opportunity for schooling beyond the junior high school. In grade 7 the pupil goes forward from his recent study of cleanliness in the home to a consideration of the elements and principles of community health, both rural and urban. It is not difficult to associate instruction in personal habits with this subject, and this study, properly related to the work in civics, helps to build a citizen who will support suitable public health activities in his community. In grade 8 the pupil studies elementary physiology based upon a simple knowledge of structure and function and is given as

much information as is practicable for the individual who is without a knowledge of physics, chemistry, and general biology. In grade 9 a study of home nursing and child care is required of all girls. We are considering the possibility of developing instruction in food values and in first aid for the boys.

This summary shows not only the care which has been taken to secure a fresh approach, but also the kind of health background possessed by an increasing number of high school pupils as one city and county after another establish their own well-organized education programs in the lower grades. A course in senior high school in which subject matter and methods are mere repetition will be flat, stale, and unprofitable. There is serious danger of pitching health instruction in high school at too low an intellectual level.

2. We recognize that, although there are certain minimum general standards of health behavior, there is no single set of health rules which is satisfactory to all individuals. In the lower grades we are largely concerned with bringing the child up to some of these minimum standards. In the upper grades we should be increasingly concerned with showing him the difference between health rules and individual needs, in order that his lack of understanding may not develop a disgust for all general principles of health, and that he may study his own physical limitations and learn to live within them. The high school encourages rational action based upon principles rather than on propaganda.

3. We recognize also that health is taught not in the hygiene class alone but through *all* the experiences of the child. The pupil's 10 minutes with the school physician, for example, may contribute the most important piece of health instruction for the year. With this fact in mind, we recognize that the maintenance and conduct of school activities and the health material presented through other subjects of instruction are vital elements in teaching health.

Perhaps you are saying that most of the time has been spent in discussing everything but the senior high school program. When a jig-saw puzzle is put together except for one piece, the shape of the latter is perhaps better understood than as though it were described separately with reference to the other elements which make up the picture.

Our considerations lead us to the inevitable conclusion that health is taught in the senior high school in 3 ways: (I) Through the experiences of the pupil outside of class instruction, (II) Through health instruction correlated with some other subjects, and (III) Through direct instruction in hygiene courses.

I. In every high school the extra-instruction experiences of the pupils inevitably influence their present and future behavior in the right or in the wrong direction. There is neither time nor necessity for discussing in detail the school's responsibilities in this field. They include:

(a) Maintenance in school of those standards of sanitation which we teach as desirable. How often the failure to provide suitable handwashing facilities, sanitary conditions in toilet rooms, the sanitary distribution of drinking water, or the maintenance of satisfactory cleanliness convinces the pupil that the school does not really believe the things which it teaches!

(b) The provision of a medical, nursing, and dental service which approaches its task with a human consideration of the individual, with sufficient time allowance to function efficiently, and the purpose of demonstrating the constructive place of medical science in the life of the individual—rather than a hurried, mechanical, impersonal piece of scientific machinery which considers communicable disease and physical defects with little thought for the personality of the pupil or the attitude toward medical science which is being formed.

(c) The hygienic arrangement of the program, and the best possible coöperation with the home to make the pupil's school day hygienic. Here we have problems involving the length of the school day; the provision of suitable food, relaxation, and recreation; limitation of the pupil load and of extra-school activities; and the development of proper mental, social and emotional health among pupils through a type of school management which will provide right experiences.

II. The teaching of health through correlation is fundamental and important. It shows the pupil that health is a part of life, that healthful living is not a fad of the doctor or of the hygiene teacher but something which has the support of all intelligent people.

The activity program in physical education provides an unusual opportunity to contribute to the maintenance and further improvement of health behavior, constructively, indirectly, and without preaching. It is most important that a clear and coöperative understanding should be developed between the physical education program on the one hand, and health education with its ramifications into all activities of the school health program on the other.

The natural sciences, especially biology, and the social sciences, especially history, have unusual opportunity to provide instruction which will explain and support health principles and extend the appreciation of health values. Most subjects of instruction in the

senior high school can make some contribution to health, and in every course due consideration should be given to mental and physical health in developing the schedules and methods of instruction.

III. What should be done in direct health instruction? We believe that the answer to this question will be found in study and experimentation. Valuable studies and suggestions regarding the high school health program have been made.<sup>1, 2</sup> Doubtless many schools are now experimenting in direct health instruction. From extensive, honest, scientific investigation we shall get the best answers. The problems and the courses needed are not the same for all communities.

Various types of courses have been offered in the past. Some schools have given a course in health or hygiene in each year of the senior high school. We doubt the feasibility of this for pupils who have been exposed to a thorough health education program in the lower grades.

Some schools have provided elective courses for girls, touching the field of personal and social hygiene, under the direction of a teacher or nurse with the proper science and social background and with distinct and recognized ability. Under the direction of the right type of individual these courses have been very successful. The need of instruction in social and sex hygiene at the high school age level presents an important, difficult, and delicate problem, although the approach to such instruction is undoubtedly easier than it was a few decades ago. The apparently successful experiences of Dr. J. R. Earp in teaching social hygiene to mixed groups of college age is interesting, in this connection.\* Probably the time has not yet arrived to teach social hygiene in the high schools under that name or to teach it at all except at the election of pupils in separate groups of girls or boys. Much can be done in the presentation of scientific facts and in the development of right attitudes without any direct reference to sex hygiene.

It seems likely that our first experiment in direct health instruction in senior high school in Malden may be with a problem course for seniors who are not going to college. It will deal with those problems soon to be faced by the individuals as workers, citizens, and parents. Such a course, we feel, should relate to local and personal problems and be conducted in a sense after the seminar method, with the selection of specific problems to which pupils will bring the answer for consideration and discussion. It may be that we shall find that this

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is not a sound or practicable answer to the need for some direct health instruction.

In summary then, we must recognize that health instruction in the senior high school must depend in large measure upon what has gone before, that whatever is presented must be largely new in material or approach, or both, and that the health teaching which is possible through pupil experiences outside of class instruction and through correlation may be more important than that which comes through direct instruction. This makes it clear that health education in the senior high school is in a large degree an administrative problem and this in turn suggests the importance of a health committee or a health counselor to assist the principal in meeting his responsibility for the development of an ideal health program.

#### REFERENCES

1. American Child Health Association, *Health Trends in Secondary Education*, 1927.
2. Whitney, Rathbun, Bailey and Reynolds, *Health in High Schools*, National Tuberculosis Association, 1930.

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## Welfare Measures for Employed Boys and Girls, Czechoslovakia

A NATIONAL council for the protection of working boys and girls has recently been organized by the Ministry of Social Welfare of Czechoslovakia. This council consists of 18 representatives of young workers' organizations and is functioning under the chairmanship of the chief factory inspector. It is coöperating with 26 local councils, the organization of which is similar to that of the national council; the chairmen of the local councils are the district factory inspectors. In making the appointments to the councils, the minister of social welfare gives preference to persons with experience in social welfare work.

These councils are working on various questions arising out of the employment of boys and girls; jointly with the factory inspectors they enforce the labor laws as applied to boys and girls; they take part in the work of the public agencies for vocational guidance, vocational training, and protection of apprentices, and engage in general welfare work for boys and girls.—*Lehrlingsschutz, Jugend und Berufsfürsorge*, Vienna, May, 1932.